



Framingham Planning Board

Uniform Site Plan Review Application Package

Date of Application: February 28, 2014

Site Plan Review Approvals Requested:

Identify Applicable Site Plan Review pursuant to the Framingham Zoning By-Law:

- ☐ Minor Site Plan Review Section IV.I.2.a. ☒ Major Site Plan Review Section IV.I.2.b.
☒ Major Site Plan Review Section IV.I.2.c. ☐ Major Site Plan Review Section IV.I.2.d.
☐ Modification/Extension Request Section IV.I.7.d

General Contact Information:

Note: all correspondence will be forwarded to the project contact only

Owner's name: CR 21 LLC c/o National Development phone: 617-527-9800
Owner's address: 2310 Washington Street, Newton Lower Falls, MA fax: _____
(number and street, town or city, state, zip code)
Applicant's name: Same phone: _____
(if other than owner)
Applicant's address: _____ fax: _____
(number and street, town or city, state, zip code)
Project contact's name: John J. O'Neil, III, Managing Partner phone: 617-559-5030
(if other than owner or applicant)
Project contact's address: 2310 Washington Street, Newton Lower Falls, MA fax: _____
(number and street, town or city, state, zip code)
Project contact's e-mail: joneil@natdev.com and Steve Senna at ssenna@natdev.com

General Property Information:

Address of lot or parcel: 490 and 432* Old Connecticut Path precinct#: 9
Framingham assessor's plan: sheet# 100/348.0, block# 0112, lot(s)# 0001.B
sheet# 100/348.0, block# 0112, lot(s)# 0001.0*
The record title stands in the name of: CR 21 LLC
Parcel size (square feet/acres): 398,994 sq. ft. (490 Old Connecticut Path)
Gross floor area of building(s) on the site (see Section I.E.1. Of the Zoning By-Laws): 119,673 sq. ft.
Floor area ratio (gross floor area of building(s) ÷ size of parcel): .30
Current zoning of property: General Manufacturing (M)
Current use of property: Manufacturing (Former Sealtest Manufacturing Plant)
Proposed use of property (if different): "Health Club" (See Development Impact Statement for definition.)

*Owned by 432 Old Connecticut Path, LLC
c/o Parsons Commercial Group
1881 Worcester Road, Suite 200
Framingham, Massachusetts

Project Description:

Brief description of project (attach additional pages as necessary): See Development Impact Statement.

Parking Information:

Minimum number of parking spaces required (see Section IV.B.1.a. of the Zoning By-law): 594 spaces

Number of existing parking spaces: 102

Number of additional parking spaces proposed: 492

Method of calculating required number of off-street parking spaces to be provided: See Development Impact Statement.
(include no. of employees, occupants, dwelling units, seating capacity, gross floor area, etc., as applicable)

Peak hour maximum use = 1,782 occupants

1 space/3 occupants = 594 spaces

Fiscal Information:

Current assessed value of site: \$4,094,500 (490 Old Connecticut Path) and \$45,843 (432 Old Connecticut Path*)

Estimated value of project-related improvements: \$23,147,583

Current total local tax revenue from site: \$167,547 (490 Old Connecticut Path) and \$1,876 (432 Old Connecticut Path*)

Estimated post-development local tax revenue: \$1,011,486

Estimated number of project related jobs created: construction 80-100

permanent/part time 90 / 180

*Pro-rata value based on 30,047 square feet of 432 Old Connecticut Path to be acquired by Applicant as further discussed in the Development Impact Statement.

Submission Requirements:

1. The contents and scope for **Minor Site Plan Review for Off-street Parking Plan** shall include the information listed in Section IV.I.5.a.1. through 16., Section IV.I.5.g.(2) and Section IV.I.5.g.(5) of the Framingham Zoning By-Law. All plans shall be prepared by a registered professional engineer, registered architect, and/or a registered landscape architect.
2. The content and scope of an application for **Major Site Plan** Review shall include the information listed in Section IV.I.5.a. 1 through 16, Section IV.I.5.g.(1) through (5) Of the Framingham Zoning By-Law. All plans shall be prepared by a registered professional engineer, registered architect, and/or a registered landscape architect.

The above plans, reports and information must be submitted with this form, in accordance with the Zoning By-Law in order for your application to be deemed complete. Please indicate below in writing if any of the submission requirements will not be provided.

Requested Waivers from Submission Requirements:

Please submit written explanation with supporting documentation (if applicable) for all Waivers requested with this application.

Other Applicable Local, State and Federal Permits and Approvals:

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Building Commissioner has reviewed this application/plans? (Original written determination <u>must</u> be provided, form attached)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The lot is on a Scenic Road? (see Article VI, Section 10 of the Town of Framingham's General By-Laws) (If yes, The applicant must indicate if any repair, maintenance, reconstruction, paving work or other activities result in the cutting or removal of trees, or the tearing down or destruction of stone walls, or portions thereof. A Modification to a Scenic Road application may need to be filed.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The project impacts Public Shade Tree as protected by MGL c. 87, Sect. 3.?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project involves alteration or demolition of buildings which are at least 50 years old? (If yes, the applicant must obtain a determination of historical or architectural significance from the Framingham Historical Commission in conformance with Article V. Section 17A. of the Town of Framingham's General By-Laws.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The lot is situated in an historic district? (see Article V. Section 5. of the Town of Framingham's General By-Laws)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The proposal has an impact on interests and values protected by the Framingham Wetland Protection By-Law? (see Article V. Section 18. of the Town of Framingham's General By-Laws.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The project is located in a designated federal Floodplain Hazard Zone?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The project has received or will require a special permit(s) from the Zoning Board of Appeals? (Please attach a copy)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project has received or will require a variance(s) from the Zoning Board of Appeals? (Please attach a copy)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Project will require a Street Opening Permit from the Board of Selectmen?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project will require a Massachusetts Highway Department Permit?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Project will require a Public Way Access Permit? (see Article VI., Section 8. of the Town of Framingham's General By-Laws.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project is subject to the Highway Overlay District Regulations IV.K.?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project is subject to the Mixed Use Regulations IV.N.?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project is subject to the Affordable Housing By-Law, IV.O.?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project is subject to the Automatic Carwash/Self-service Carwash, IV.J.?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Project has received/apply for Wireless Communication Approval?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Project is requires a National Pollutant Discharge Elimination System (NPDES permit)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Project is a designated Brownfield Site and/or subject of a 21E Survey?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
This Property was subject to a prior Permit(s) and/or Approval(s) issued by the Planning Board? (Please indicate permits and approvals) _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
This Application is subject to the Central Business Design Standards? (Article 17 of the Planning Board Administrative Rules and Regulations)	

Certification:

The Planning Board is entitled to rely on this representation as being the full and complete statement of the applicant(s)/owner. Therefore, the undersigned certifies that the information provided on the plan, this application, including appendices, and the information contained in any required impact statements is a true and accurate representation of facts pertinent to the subject parcel of land and proposed development/project.

Signature of Applicant/Owner _____ Date: _____

Signature of Applicant (Non-Owner) _____ Date: _____

To be completed by Town Treasurer:

♦**Note:** In accordance with Article IX of the By-Laws of the Town of Framingham, the Planning Board may withhold permits and approvals in the event that an applicant has neglected to pay local taxes, fees, assessments or other municipal charges. In order to satisfy the objective of this By-Law, Town Treasurer's Signature must be obtained below to verify that no such outstanding charges have accrued relative to this application. This application will not be accepted without the following confirmation:

The signature below confirms that the applicant/owner has paid all local taxes, fees, assessments or other municipal charges and has no outstanding obligations due the Town Of Framingham.



Town Treasurer

2/28/14

Date of Signature

To be completed by the Framingham Planning Board:

Date completed application received: _____

Date application distributed to other boards/departments: _____

Filing fee of: _____

Paid: _____

Scheduled hearing date: _____

Advertisement date(s): _____

publication _____

Affidavit of notice submitted on: _____

date abutter's notice mailed _____

Decision: _____

Date of decision: _____